	22 100 100 1				·· ·····			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				olication Number	10/564,3			
For FY 2009				ng Date	7/16/2004			
FOI F 1 2009				First Named Inventor Frank Schilke				
Applicant claims small entity status. See 37 CFR 1.27				4.64		M. Fubara		
TOTAL AMOUNT OF DAVAGENT (#) 100 00				Unit	1618	52020		
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket 4385 - 053939				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH F								
			Small Entit	<u>ty </u>	mall Entity Fee (\$)	Fe	es Paid (\$)	
Utility	330 82	540	270	220	110			
Design	220 110	100	50	140	70			
Plant	220 110	330	165	170	85		,	
Reissue	330 165	540	270	650	325		,	
Provisional	220 110	0	0	0	0			
								ity
Fee Description Fee (\$)								
Each claim over 20 (including Reissues) 52								
Each independent claim over 3 (including Reissues) 220 110								
Multiple dependent cla		vo Cloima	For (P)	Ess Daid (6)		390	195	31 - 1
<u>Total Claims</u> - 2	= <u>EX</u>		Fee (\$)	<u>Fee Paid (\$)</u>		<u>Fee (</u>	le Dependent C \$) Fee Pa	
- = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims </u>		ra Claims	Fee (\$)	Fee Paid (\$)				
HP = highest number of	independent claims paid	X X		=				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u>								<u>d (\$)</u>
4. OTHER FEE(S)								<u>id (\$)</u>
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement Fee								<u> </u>
SUBMITTED BY Registration No.								
Signature	gnature				35,972	Telephone 412-471-8815		
Name (Print/Type) Ann M. Cannoni (Attorney/Agent) 35,972 Telephone 2							/ember 23, 20	010